

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/532482

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
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48		/				
49	/					
50	/					
TOTAL IND.	26		12		12	
TOTAL DEP.	34		18		18	
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53	/					
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55	/					
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100						
TOTAL IND.			12		12	
TOTAL DEP.			18		18	
TOTAL CLAIMS						